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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT #

1. Corporation Name

756559

(1)

CARLISLE AT POINCIANA CONDOMINIUM ASSOCIATION, I

Principal Place of Business 6850-10TH AVE..N. LAKE WORTH FL 33467

Mailing Address

6850-10TH AVE..N.

LAKE WORTH FL 33467-1990

FILED May 05 1997 8:00am Secretary of State



							3. Date Incorporated or Qualified 02/27/1981		te of Last)2/14/1	
2. Principal Pl	ace of Business	2a. Mailin	g Address			·····	4. FEI Number			Applied For
1		26					59-2166581			Not Applicab
Suite, Apl.	#, etc.	Suite,	Apt. #, etc.				5. Certificate of Status Desired			Additional Required
City & State)	City &	State				6. Election Campaign Financing		\$5.0	May Be
<u> </u>		28					Trust Fund Contribution		Adde	d to Fees
Zip	Country	Zip		<u> </u>	untry	•	8. This corporation has liability for			8. 199.032,
<u> </u>	[25]	[29]		30				Yes L		
	9, Name and Address of Curre	nt Registered A	gent		81	Name of the last	10. Name and Address of New R	egistered A	gent	
					101	Name				
PMS CORP.					82	Street Addr	ress (P.O. Box Number is Not Accepta	ble)		
3150 VIA POINCIANA					<u> </u>		······································			
LAKE WORTH FL 33467					83					
					84	City			85 Z	p Code
								FL		·.
office or re agent. I a	agistered agent, or both, in the State m familiar with, and accept the obliq	e of Florida. Suc gations of, Section	h change was on 617.0503, I	s authorize Florida Sta	d by	/ the corporat s.	poration submits this statement for the tion's board of directors. I hereby according to the control of the con	ept the appo	intment	as registered
IGNATURE _	Signature, typed or printed name of registered ag	peni and title if applice	ble (N	OTE: Registere	ed Age	ent signature requi	red when reinslating)	DATE		
2,		ND DIRECTORS		13.			ADDITIONS/CHANGES TO OFF	ICERS AND	DIRECT	ORS IN 12
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information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: BUD SWALLEN FE CUBED COLUMN

4/16/97

561.439 3497